

A systematic review of the facilitators and barriers influencing transgender persons' (dis)engagement with HIV prevention and treatment programs: introducing a network analytical approach to synthesis from an ecological systems theory perspective

Nico Canoy, Karin Hannes, Subash Thapa

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Review question

The objectives of this mixed-methods review are to increase our understanding of: (a) why and how HIV care interventions work in particular contexts, and (b) which HIV care interventions work for whom, in order to increase the engagement of different transgender population groups.

The following questions will be guiding the review project:

- (1) What are the facilitators stimulating transgenders to engage with HIV treatment/care?
- (2) What are the barriers hindering transgenders' to engage with HIV treatment/care?
- (3) Which (pathways or mechanisms or mediating factors) process and implementation factors help explain:
 - (a) A particular treatment outcomes' failure or success?
 - (b) Potential differences between outcomes related to similar or different HIV care programs?
- (3) What are the enabling and constraining patterns of interactions between transgenders and other stakeholders in relation to program engagement and HIV treatment outcomes?
- (4) How do these different patterns of interactions link with each other in a given context (political, social-cultural, treatment, other?) of a particular transgender (sub)group?

Searches

We will perform a systematic electronic database search of the following databases: PubMed, Scopus, ERIC, Embase, Web of Science, Sociological Abstracts, PsycINFO, Campbell International Development group, Social Services Abstract, and The Cochrane Library.

In addition, we will also search the grey literature using Google Scholar and ProQuest Dissertations and Theses in order to retrieve potential unpublished documents related to the topic of interest.

The search will be conducted iteratively, and any additional studies or references will be retrieved from primary studies which might suggest contextual variations, user engagement in the HIV care continuum, facilitators and barriers, and other transgender subgroupings.

Publications written in English will be eligible for inclusion.

Types of study to be included

For quantitative research, papers should:

- (a) Primarily report on HIV prevention and treatment outcomes that fall in any level of the HIV care continuum, and which have are assessed using self-report and/or objective measures;
- (b) Be explicit regarding the modes of service delivery (i.e., technology-based, face-to-face, or combination/blended).

For qualitative research, papers should report on how participants experience, understand and/or participate/engage in activities in the HIV care continuum.

Condition or domain being studied

HIV care engagement.

Participants/population

Transgender persons: defined as people whose gender identity or expression is different from their birth sex (e.g., people who identify as female/woman yet born as a biological man).

Although gender identities are culturally complex and fluid, an exhaustive definition of gender identities or expressions is beyond the scope for this review project.

We will also include transgender persons irrespective of HIV status or whether they have undergone sexual reassignment or surgical procedures.

Intervention(s), exposure(s)

The engagement with treatment/care at any level in the HIV care continuum (Cheever, 2007; HRSA, 2012; Mugavero, Norton & Saag, 2011; Mugavero, Amico, Horn & Thompson, 2013). Each level in the continuum will be further operationalized in terms of HIV prevention/treatment outcomes.

Comparator(s)/control

Not applicable.

Context

Primary outcome(s)

Levels of engagement in HIV care prevention/treatment outcomes, in the following categories:

1. In those unaware of HIV infection status/with no knowledge of HIV infection status (e.g., those with an intention to seek HIV testing, seeking HIV testing, receiving HIV test results, with an awareness of pre-exposure prophylaxis (PrEP), or with a willingness to engage in PrEP).
2. In those aware of HIV infection (not in care) and seeking HIV treatment linked to HIV care.
3. In those receiving psychological care but not HIV care linked to clinical care (e.g., in cases/groups with HIV comorbidity with other physical and mental health conditions).
4. In those who have entered HIV care, but who have not been lost to follow-up, and have been retained in care (assessed using different measures, such as missed visits, appointment adherence rates, ART retention rates, ART receipt, etc.).
5. Cyclical or intermittent users of HIV care re-engagement with care (e.g., ART re-uptake, linkage case management).
6. Those fully engaged with HIV care (viral suppression treatment).

Secondary outcome(s)

None.

Data extraction (selection and coding)

Risk of bias (quality) assessment

To assess the quality of primary studies, the Mixed Methods Appraisal Tool (MMAT) will be used. It is one of the few tools that appraises the quality of diverse study designs. This score refers to the number of criteria met divided by four to calculate the percentage of the study quality for both quantitative and qualitative studies. For a mixed-methods study, the overall quality score is the lowest percentage of either the qualitative method or the quantitative method. We will consider a score of 75 % or above as being indicative of high quality, but will not make decisions to exclude any of the studies based on the study quality.

Strategy for data synthesis

Data synthesis will be conducted in the following stages:

1. The organization of extracted data into evidence tables: the data extracted from each study using the data

extraction tool will be summarized and organized in one or more evidence tables. The evidence tables will also include the link back to the source papers. Extraction of relevant categories are guided by an ecological system framework based on the linking of ecological systems to levels of engagement: using a 2x2 nested matrix, the first order of analysis describes how ecological systems link or interact with levels of user engagement in HIV care among transgender persons. Each ecological system (column) is further divided into the identification of facilitators and barriers. The combination of these processes are content analyzed (i.e., identification of categories and frequencies/weights/percentages) in relation to the six levels of care engagement. In general, each cell describes the relative weight of processes in relation to a specific level of care engagement.

3. The second order analysis of the mapping patterns of interactions between stakeholders using a social network model/s (i.e., nodes, connectors), the second order analysis describes the (shared and unique) patterns of interactions between stakeholders, including transgender persons (focal) arranged either by transgender groups, modes of service delivery, contexts (e.g., socio-cultural contexts, western/Asian/eastern) etc. In the literature, social network analysis is mainly used to make sense of patterns of relationships among interacting members of a group/network (Wasserman & Faust, 1997). Interactions between members can be described in terms of nature of participation, degree of influence, group cohesion, degree of connectedness or centrality of members in relation to group/network behavior (Borgatti, Mehra, Brass, & Labianca, 2009; Aviv, Erlich, Ravid & Geva, 2003; Hawe, Webster & Shiell, 2004). More recently, this method of analysis has also been applied to explain interactional processes in HIV prevention and care (Latkin et al., 2013). However, in conducting systematic reviews, this analytic technique has not been applied to organize quantitative and qualitative findings from network perspective.

In this review project, we define each node as representing a relevant stakeholder, whereas the connectors shows the strength of relationships or relative weight between stakeholders across overlapping ecological systems. The strength of relationship between stakeholders is determined through the frequency of citations in reviewed articles (i.e., the article needs to explicit link stakeholders or identify the relationship as important to increase user engagement in HIV care).

4. The presentation of a narrative synthesis. This last step will include the weaving a coherent narrative which relate significant patterns in the matrix and relationships in the networked models. The mapping exercise will mainly inform new insights regarding (a) the dynamics between process facilitators and barriers per system as it intersects with different levels of user engagement in HIV care (b) the evaluation and improvement of existing HIV prevention and intervention programs based on user engagement among transgender groups, (c) the nuancing of transgender groups and how it impacts culturally sensitive engagement with different stakeholders, and (d) the identification of key relationships (i.e., alliance/collaborations) between transgender groups and other stakeholders which can impact mode of service delivery.

Analysis of subgroups or subsets

Not applicable.

Contact details for further information

Nico Canoy
ncanoy@ateneo.edu

Organisational affiliation of the review

Ateneo de Manila University, Department of Psychology
<http://ateneo.edu/ls/soass/psychology/contact-us>

Review team members and their organisational affiliations

Dr Nico Canoy. Ateneo de Manila University, Department of Psychology
Dr Karin Hannes. KU Leuven, Belgium Social Research Methodology Group, Centre for Sociological research, Faculty of Social Sciences, KU Leuven
Dr Subash Thapa. Department of Health and Kinesiology, Texas A&M University, College Station, Texas

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Details of any existing review of the same topic by the same authors

Stage of review at time of this submission

The review has not started

Stage	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

Versions

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